

**BEFORE THE
PHYSICIAN ASSISTANT BOARD
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

**In the Matter of the Accusation
Against:**

PATRICK TYE CREASY, P.A.

**Physician Assistant
License No. PA 21414**

Respondent

Case No. 950-2014-000370

DECISION AND ORDER

The attached Stipulated Surrender of License and Disciplinary Order is hereby adopted as the Decision and Order of Physician Assistant Board, Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on November 16, 2017.

IT IS SO ORDERED November 9, 2017.

PHYSICIAN ASSISTANT BOARD

By: Maureen L. Forsyth
Maureen L. Forsyth
Executive Officer

1 XAVIER BECERRA
Attorney General of California
2 ROBERT MCKIM BELL
Supervising Deputy Attorney General
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Attorneys for Complainant

8
9 **BEFORE THE**
PHYSICIAN ASSISTANT BOARD
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 950-2014-000370

13 **PATRICK TYE CREASY, P.A.**

**STIPULATED SURRENDER OF
LICENSE AND ORDER**

14 1205 Mirasol
15 Irvine, California 92620

16 Physician Assistant License No. PA- 21414,

17 Respondent.

18
19 In the interest of a prompt and speedy settlement of this matter, consistent with the public
20 interest and the responsibility of the Physician Assistant Board (Board), the parties hereby agree
21 to the following Stipulated Surrender and Disciplinary Order which will be submitted to the
22 Board for approval and adoption as the final disposition of the Investigation.

23 **PARTIES**

24 1. Maureen L. Forsyth (Complainant) is the Executive Officer of the Board. She
25 brought this action solely in her official capacity and is represented in this matter by Xavier
26 Becerra, Attorney General of the State of California, by Chris Leong, Deputy Attorney General.

27 2. Patrick Tye Creasy (Respondent) is represented in this proceeding by attorney
28 Alan Castillo, whose address is Alan Castillo, The SoCal Law Network A Criminal Law &

1 Professional License Defense Law Firm, 23152 Verdugo Drive Ste. 201, Laguna Hills, California
2 92653.

3 3. On January 11, 2011, the Board issued Physician Assistant License No. PA21414 to
4 Respondent. That license was in full force and effect at all times relevant to the charges brought
5 herein and will expire on August 31, 2018, unless renewed.
6

7 JURISDICTION

8 4. Accusation No. 950-2014-000370 was filed before the Board and is currently pending
9 against Respondent. The Accusation and all other statutorily required documents were properly
10 served on Respondent on September 28, 2017. Respondent did not file a Notice of Defense. A
11 copy of Accusation No. 950-2014-000370 is attached as Exhibit A and is incorporated by
12 reference.
13

14 ADVISEMENT AND WAIVERS

15 5. Respondent has carefully read, fully discussed with counsel, and understands the
16 charges and allegations in Accusation 950-2014-000370. Respondent also has carefully read,
17 fully discussed with counsel, and understands the effects of this Stipulated Surrender of License
18 and Order.
19

20 6. Respondent is fully aware of his legal rights in this matter, including the right to a
21 hearing on the charges and allegations in the Investigation; the right to confront and cross-
22 examine the witnesses against him the right to present evidence and to testify on his own behalf;
23 the right to the issuance of subpoenas to compel the attendance of witnesses and the production of
24 documents; the right to reconsideration and court review of an adverse decision; and all other
25 rights accorded by the California Administrative Procedure Act and other applicable laws.
26

27 7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and
28 every right set forth above.

CULPABILITY

8. Respondent understands that the charges and allegations in Accusation No. 950-2014-000370 constitute cause for imposing discipline upon his physician assistant license.

9. For the purpose of resolving the Investigation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Investigation and that those charges constitute cause for discipline. Respondent hereby gives up his right to contest that cause for discipline exists based on those charges.

10. Respondent understands that by signing this stipulation he enables the Board to issue an order accepting the surrender of his physician assistant license without further process.

CONTINGENCY

11. This stipulation shall be subject to approval by the Board. Respondent understands and agrees that counsel for Complainant and the staff of the Board may communicate directly with the Board regarding this stipulation and surrender, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Surrender and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

12. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Surrender of License and Order, including Portable Document Format (PDF) and facsimile signatures thereto, shall have the same force and effect as the originals.

13. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Order:

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ORDER

IT IS HEREBY ORDERED THAT physician assistant license No. PA-21414, issued to Respondent Patrick Tye Creasy is surrendered and accepted by the Physician Assistant Board.

1. The surrender of Respondent's physician assistant license and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Physician Assistant Board.

2. Respondent shall lose all rights and privileges as a Physician assistant in California as of the effective date of the Board's Decision and Order.

3. Respondent shall cause to be delivered to the Board his pocket license and, if one was issued, his wall certificate on or before the effective date of the Decision and Order.

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked license in effect at the time the petition is filed, and all of the charges and allegations contained in Investigation No. 950-2014-000370 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

5. Respondent shall pay the agency its costs of investigation and enforcement in the amount of \$9,952.00 prior to issuance of a new or reinstated license.

6. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of California, all of the charges and allegations contained in Accusation 950-2014-000370 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Order and have fully discussed it with my attorney, Alan Castillo. I understand the stipulation and the effect it will have on my physician assistant license. I enter into this Stipulated Surrender of License and

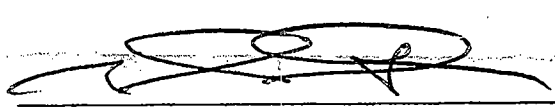
1 Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order
2 of the Physician Assistant Board.

3
4 DATED: 10-6-2017


PATRICK TYE CREASY
Respondent

6 I have read and fully discussed with Respondent Patrick Tye Creasy the terms and
7 conditions and other matters contained in this Stipulated Surrender of License and Order. I
8 approve its form and content.

9 DATED: 10/26/2017


ALAN CASTILLO, ESQ.
Attorney for Respondent

11
12 ENDORSEMENT

13 The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted
14 for consideration by the Physician Assistant Board of the Department of Consumer Affairs.

15 Dated: 10/31/2017

Respectfully submitted,

16 XAVIER BECERRA
Attorney General of California
17 ROBERT MCKIM BELL
Supervising Deputy Attorney General
18


19 CHRIS LEONG
20 Deputy Attorney General
21 Attorneys for Complainant
22

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Exhibit A

Accusation No. 950-2014-000370

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BEFORE THE
PHYSICIAN ASSISTANT BOARD
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

Case No. 950-2014-000370

PATRICK TYE CREASY, P.A.
1205 Mirasol
Irvine, California 92620-0337

ACCUSATION

Physician Assistant License No. PA-21414,
Respondent.

Complainant alleges:

PARTIES

1. Maureen L. Forsyth (Complainant) brings this Accusation solely in her official capacity as the Executive Officer of the Physician Assistant Board (Board), Department of Consumer Affairs.

2. On or about January 11, 2011, the Board issued Physician Assistant License Number PA-21414 to Patrick Tye Creasy, P.A. (Respondent). The Physician Assistant License was in full force and effect at all times relevant to the charges brought herein and will expire on August 31, 2018, unless renewed.

JURISDICTION

3. This Accusation is brought before the Board under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

1 4. Title 16 California Code of regulations section 1399.521(a) provides that the
2 Physician Assistant Committee, now Board, may take action against a licensee for any violation
3 of the State Medical Practice Act which would constitute unprofessional conduct for a physician
4 and surgeon.

5 5. Section 2227 of the Code states:

6 "(a) A licensee whose matter has been heard by an administrative law judge of the Medical
7 Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default
8 has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary
9 action with the board, may, in accordance with the provisions of this chapter:

10 "(1) Have his or her license revoked upon order of the board.

11 "(2) Have his or her right to practice suspended for a period not to exceed one year upon
12 order of the board.

13 "(3) Be placed on probation and be required to pay the costs of probation monitoring upon
14 order of the board.

15 "(4) Be publicly reprimanded by the board. The public reprimand may include a
16 requirement that the licensee complete relevant educational courses approved by the board.

17 "(5) Have any other action taken in relation to discipline as part of an order of probation, as
18 the board or an administrative law judge may deem proper.

19 "(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical
20 review or advisory conferences, professional competency examinations, continuing education
21 activities, and cost reimbursement associated therewith that are agreed to with the board and
22 successfully completed by the licensee, or other matters made confidential or privileged by
23 existing law, is deemed public, and shall be made available to the public by the board pursuant to
24 Section 803.1."

25 6. Section 2234 of the Code states:

26 "The board shall take action against any licensee who is charged with unprofessional
27 conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not
28 limited to, the following:

1 "(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the
2 violation of, or conspiring to violate any provision of this chapter.

3 "(b) Gross negligence.

4 "(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or
5 omissions. An initial negligent act or omission followed by a separate and distinct departure from
6 the applicable standard of care shall constitute repeated negligent acts.

7 "(1) An initial negligent diagnosis followed by an act or omission medically appropriate
8 for that negligent diagnosis of the patient shall constitute a single negligent act.

9 "(2) When the standard of care requires a change in the diagnosis, act, or omission that
10 constitutes the negligent act described in paragraph (1), including, but not limited to, a
11 reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the
12 applicable standard of care, each departure constitutes a separate and distinct breach of the
13 standard of care.

14 "(d) Incompetence.

15 "(e) The commission of any act involving dishonesty or corruption which is substantially
16 related to the qualifications, functions, or duties of a physician and surgeon.

17 "(f) Any action or conduct which would have warranted the denial of a certificate.

18 "(g) The practice of medicine from this state into another state or country without meeting
19 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not
20 apply to this subdivision. This subdivision shall become operative upon the implementation of
21 the proposed registration program described in Section 2052.5.

22 "(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and
23 participate in an interview scheduled by the mutual agreement of the certificate holder and the
24 board. This subdivision shall only apply to a certificate holder who is the subject of an
25 investigation by the board."

26 7. Section 2238 of the Code states:

27 ///

28 ///

1 "A violation of any federal statute or federal regulation or any of the statutes or regulations
2 of this state regulating dangerous drugs or controlled substances constitutes unprofessional
3 conduct."

4 8. Health and Safety Code Section 11174 states:

5 "No person shall, in connection with the prescribing, furnishing, administering, or
6 dispensing of a controlled substance, give a false name or false address."

7 9. Health and Safety Code Section 11157 states:

8 "No person shall issue a prescription that is false or fictitious in any respect."

9 10. Health and Safety Code Section 11153 states:

10 "(a) A prescription for a controlled substance shall only be issued for a legitimate medical
11 purpose by an individual practitioner acting in the usual course of his or her professional practice.
12 The responsibility for the proper prescribing and dispensing of controlled substances is upon the
13 prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the
14 prescription. Except as authorized by this division, the following are not legal prescriptions: (1)
15 an order purporting to be a prescription which is issued not in the usual course of professional
16 treatment or in legitimate and authorized research; or (2) an order for an addict or habitual user of
17 controlled substances, which is issued not in the course of professional treatment or as part of an
18 authorized narcotic treatment program, for the purpose of providing the user with controlled
19 substances, sufficient to keep him or her comfortable by maintaining customary use.

20 "(b) Any person who knowingly violates this section shall be punished by imprisonment
21 pursuant to subdivision (h) of Section 1170 of the Penal Code, or in a county jail not exceeding
22 one year, or by a fine not exceeding twenty thousand dollars (\$20,000), or by both that fine and
23 imprisonment.

24 "(c) No provision of the amendments to this section enacted during the second year of the
25 1981-82 Regular Session shall be construed as expanding the scope of practice of a pharmacist."

26 11. Health and Safety Code Section 11173 states:

27 "(a) No person shall obtain or attempt to obtain controlled substances, or procure or
28 attempt to procure the administration of or prescription for controlled substances, (1) by fraud,

1 deceit, misrepresentation, or subterfuge; or (2) by the concealment of a material fact.

2 “(b) No person shall make a false statement in any prescription, order, report, or record,
3 required by this division.

4 “(c) No person shall, for the purpose of obtaining controlled substances, falsely assume
5 the title of, or represent himself to be, a manufacturer, wholesaler, pharmacist, physician, dentist,
6 veterinarian, registered nurse, physician's assistant, or other authorized person.

7 “(d) No person shall affix any false or forged label to a package or receptacle containing
8 controlled substances.”

9 12. Section 2261 of the Code states:

10 “Knowingly making or signing any certificate or other document directly or indirectly
11 related to the practice of medicine or podiatry which falsely represents the existence or
12 nonexistence of a state of facts, constitutes unprofessional conduct.”

13 13. Section 125.3 of the Code states as follows:

14 “(a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary
15 proceeding before any board within the department or before the Osteopathic Medical Board,
16 upon request of the entity bringing the proceeding, the administrative law judge may direct a
17 licentiate found to have committed a violation or violations of the licensing act to pay a sum not
18 to exceed the reasonable costs of the investigation and enforcement of the case.

19 “(b) In the case of a disciplined licentiate that is a corporation or a partnership, the order
20 may be made against the licensed corporate entity or licensed partnership.

21 “(c) A certified copy of the actual costs, or a good faith estimate of costs where actual costs
22 are not available, signed by the entity bringing the proceeding or its designated representative
23 shall be prima facie evidence of reasonable costs of investigation and prosecution of the case. The
24 costs shall include the amount of investigative and enforcement costs up to the date of the
25 hearing, including, but not limited to, charges imposed by the Attorney General.

26 “(d) The Administrative law judge shall make a proposed finding of the amount of
27 reasonable costs of investigation and prosecution of the case when requested pursuant to
28 subdivision (a). The finding of the administrative law judge with regard to costs shall not be

1 reviewable by the board to the administrative law judge if the proposed decision fails to make a
2 finding on costs requested pursuant to subdivision (a).

3 “(e) If an order for recovery of costs is made and timely payment is not made as directed in
4 the board’s decision, the board may enforce the order for repayment in any appropriate court. The
5 right of enforcement shall be in addition to any other rights the board may have as to any
6 licentiate to pay costs.

7 “(f) In any action for recovery of costs, proof of the board’s decision shall be conclusive
8 proof of the validity of the order of payment and the terms for payment.

9 “(g) (1) Except as provided in paragraph (2), the board shall not renew or reinstate the
10 license of any licentiate who has failed to pay all of the costs ordered under this section.

11 “(2) Notwithstanding paragraph (1), the board may, in its discretion, conditionally renew or
12 reinstate for a maximum of one year the license of any licentiate who demonstrates financial
13 hardship and who enters into a formal agreement with the board to reimburse the board within
14 that one-year period for the unpaid costs.

15 “(h) All costs recovered under this section shall be considered a reimbursement for costs
16 incurred and shall be deposited in the fund of the board recovering the costs to be available upon
17 appropriation by the Legislature.

18 “(i) Nothing in this section shall preclude a board from including the recovery of the costs
19 of investigation and enforcement of a case in any stipulated settlement.

20 “(j) This section does not apply to any board if a specific statutory provision in that board’s
21 licensing act provides for recovery of costs in an administrative disciplinary proceeding.

22 “(k) Notwithstanding the provisions of this section, the Medical Board of California shall
23 not request nor obtain from a physician and surgeon, investigation and prosecution costs for a
24 disciplinary proceeding against the licentiate. The board shall ensure that this subdivision is
25 revenue neutral with regard to it and that any loss of revenue or increase in costs resulting from
26 this subdivision is offset by an increase in the amount of the initial license fee and the biennial
27 renewal fee, as provided in subdivision (e) of Section 2435.”

28 ///

1
2 INTRODUCTION

3 14. This Accusation involves prescriptions for medications regulated by The
4 Comprehensive Drug Abuse Prevention and Control Act, passed into law in 1970. Title II of this
5 law, the Controlled Substances Act, is the legal foundation of narcotics enforcement in the United
6 States. The Controlled Substances Act regulates the manufacture, possession, movement, and
7 distribution of drugs in the country. The Controlled Substances Act places all drugs into one of
8 five schedules, or classifications, and is controlled by the Department of Justice and the
9 Department of Health and Human Services, including the Federal Drug Administration. The
10 California Uniform Controlled Substance Act (Health and Safety Code section 11000 et. seq.)
11 substantially replicates the federal act.

12 15. The following delineates the five schedules with examples of drugs, medications, and
13 information about each.

14 16. Schedule I Drugs

15 These drugs have NO safe, accepted medical use in the United States. This schedule
16 includes drugs such as heroin, ecstasy, LSD, and crack cocaine. Schedule I drugs have a high
17 tendency for abuse and have no accepted medical use. Pharmacies do not sell Schedule I drugs,
18 and they are not available with a prescription by a physician.

19 17. Schedule II Drugs

20 Schedule II drugs have a high tendency for abuse, may have an accepted medical use, and
21 can produce dependency or addiction with chronic use. Of all legal prescription medications,
22 Schedule II controlled substances have the highest abuse potential. These drugs can cause severe
23 psychological or physical dependence. Schedule II drugs include certain narcotic, stimulant, and
24 depressant drugs. Examples of Schedule II drugs include cocaine; opium; morphine;
25 Oxymorphone, commonly prescribed under the trademark name "Opana;" oxycodone, commonly
26 prescribed under the trademark name "OxyContin" hydromorphone, commonly prescribed under
27 the trademark name "Dilaudid" methadone HCL; secobarbital, commonly prescribed under the
28 trademark name "Seconal" Fentanyl; amphetamines; and methamphetamines.

Schedule II drugs may be available with a prescription by a physician, but not all pharmacies may carry them. These drugs require more stringent records and storage procedures than drugs in Schedules III and IV.

18. Schedule III Drugs

Schedule III drugs have less potential for abuse or addiction than drugs in the first two schedules and have a currently accepted medical use. The abuse of Schedule III drugs may lead to moderate to high psychological dependence.

Examples of Schedule III drugs include codeine; hydrocodone with acetaminophen, commonly prescribed under the trademark name "Vicodin;" hydrocodone APA; buprenorphine/naloxone, commonly prescribed under the trademark name "Suboxone;" and anabolic steroids such as testosterone. Schedule III drugs may be available with a prescription, but not all pharmacies may carry them.

19. Schedule IV Drugs

Schedule IV drugs have a low potential for abuse that leads only to limited physical dependence or psychological dependence relative to drugs in Schedule III. Schedule IV drugs have a currently accepted medical use and have limited addictive properties. Schedule IV drugs have the same restrictions as Schedule III drugs.

Examples of Schedule IV drugs include Xanax; Valium; Phenobarbital; Clonazepam; temazepam, commonly prescribed under the trademark name "Restoril;" phentermine, commonly prescribed under the trademark names "Fastin" and Ionamin;" and rohypnol (commonly known as the "date rape" drug). These drugs may be available with a prescription, but not all pharmacies may carry them.

20. Schedule V Drugs

Schedule V drugs have a lower potential for abuse than Schedule IV drugs, have a currently accepted medical use in the United States, and a lesser chance of dependence compared to Schedule IV drugs. This schedule includes such drugs as cough suppressants with codeine.

CONTROLLED SUBSTANCES AND DANGEROUS DRUGS

21. **Xanax** is a dangerous drug pursuant to Code section 4022. It is a Schedule IV

1 Controlled Substance as designated by Health and Safety Code section 11057, subdivision (d)(1).
2 Its generic name is alprazolam and it is used to relieve anxiety.

3 22. **Norco**, a brand name for hydrocodone with acetaminophen, is a dangerous drug
4 pursuant to Code section 4022. It is a Schedule II controlled substance as designated by Health
5 and Safety Code section 10055, subdivision (b)(1)(I).

6 23. **Soma** is a dangerous drug pursuant to section 4022 of the Code. It is not a controlled
7 substance. Its generic name is carisoprodol and it is used as a skeletal muscle relaxant.

8 24. **OxyContin** (oxycodone) is an opioid, i.e., a synthetic narcotic that resembles the
9 naturally occurring opiates. It is a Schedule II controlled substance, as designated by Health and
10 Safety Code section 11055, subdivision (b)(1)(M), and a close relative of morphine, heroin,
11 codeine, fentanyl, and methadone. It is a dangerous drug within the meaning of Code section
12 4022.

13 25. **Hydrocodone/APAP** (Lortab) is a combination of hydrocodone and acetaminophen.
14 (APAP.) It is a peripherally acting analgesic agent found in many combination products and also
15 available by itself. This combination product is used to treat moderate to moderately severe pain.
16 In the United States, formulations containing more than 15 mg hydrocodone per dosage unit are
17 considered Schedule II drugs. Those containing less than or equal to 15 mg per dosage unit in
18 combination with acetaminophen or another non-controlled drug are called hydrocodone
19 compounds and are considered Schedule III drugs. Hydrocodone is not available in pure form in
20 the United States due to a separate regulation. Hydrocodone is always sold combined with
21 another drug.

22 CASE SUMMARY

23 26. Respondent was hired by J.K, M.D. (Dr. K.) on May 1, 2012, to assist him in his pain
24 management clinic. In early 2014, Respondent told Dr. K. that he was having back pain and
25 biliary colic and was taking pain medication. # Sometime thereafter, Respondent's behavior
26 began to change. Dr. K. noted him to miss work frequently and to appear groggy and tired.
27 Respondent reported to Dr. K. that one of Dr. K.'s prescription pads was stolen from
28 Respondent's vehicle. Dr. K. reported that prescription pads were generally kept under lock and

1 key, supervised by Office Manager A. J. Patients complained to Dr. K. that Respondent seemed
2 disengaged and nodded off during patient encounters. Dr. K. reports that he began to chaperone
3 Respondent during his patient encounters. Dr. K. became concerned that Respondent was
4 exhibiting signs of narcotic addiction.

5 27. On September 24, 2014, Respondent left the office while he was seeing patients.
6 A short time later, A.J. received a call from a pharmacist from a nearby Rite Aid Pharmacy,
7 asking for verification of a suspicious prescription for Respondent. A.J. denied the prescription
8 and informed Dr. K. Dr. K. concluded that Respondent had forged his name on that prescription,
9 because Dr. K. had never treated Respondent as a patient nor issued a prescription for him.
10 Respondent returned to the office, and Dr. K. confronted him about the issue and fired him.
11 Respondent ran out of the practice with a prescription pad. Later, Dr. K. ran a CURES report on
12 Respondent. He discovered that Respondent had filled a prescription for hydrocodone after being
13 terminated. Dr. K. contacted the local DEA field office, the Pharmacy Board, and the Physician
14 Assistant Board. In his letter to the Board, Dr. K. indicates that Respondent issued unauthorized
15 paper prescriptions and called in unauthorized verbal prescriptions.

16 28. Dr. K. received a call from a local physician asking why he was allowing
17 Respondent to prescribe pain medication to his son, D. C., who was a recovering drug addict. Dr.
18 K. did not know that Respondent was issuing those prescriptions. D.C. was not a patient of Dr.
19 K. In fact, D.C. was a friend of Respondent.

20 29. A.J. worked for Dr. K. and Respondent for about 18 months. About six months
21 after she began work, she noticed changes in Respondent's behavior. He looked tired and
22 intoxicated. He was slow to respond, had a glazed look in his eyes, and would frequently lower
23 his head. He began to call in sick frequently. Patients asked her if Respondent was taking drugs.
24 A.J. kept prescription pads locked in her office. She issued pads to Dr. K and Respondent.
25 Respondent used prescription pads quickly.

26 30. Dr. K. and A.J. compiled a list of people who were not patients of Dr. K. to whom
27 Respondent prescribed controlled medication. This list included the following: D.S., T.S., D.C.,
28 and C.B. The following prescriptions were noted:

A. Prescriptions written without Dr. K.'s authorization:

Drug	Prescription Number
Alprazolam	01624013
Hydrocodone	01624012
Oxycodone	01626147
Ondansetron	01626148

B. Prescriptions forged:

Hydrocodone	644612
Oxycodone	719576

C. Prescriptions called in without authorization:

Hydrocodone	0993368
Hydrocodone	10003000

31. D.S. knew Respondent well. They went to physician assistant school together. Respondent "did him a favor" and wrote him a few prescriptions for pain medication while Respondent was employed by Dr. K. D.S. never went to Dr. K.'s office. Respondent gave him the prescriptions at his residence.

32. Respondent also prescribed the following using Dr. K.'s prescription pad after he was fired by Dr. K.:

Patient	Date filled	Drug	Strength	Quantity	Rx Number
K.C.	September 29, 2014	Hydrocodone	325 mg	180	28075
B.C.	September 25, 2014	Oxycodone	325 mg	150	0973279
B.C.	September 25, 2014	Oxycodone	20 mg	90	0973278
J.B.	September 29, 2014	Oxycontin	40 mg	60	01093695
P.B.	October 9, 2014	Suboxone	2 mg	90	447840
M.B.	October 27, 2014	Oxycodone	325 mg	150	01070876
M.B.	October 28, 2014	Oxycontin	40 mg	90	01070872

1 FIRST CAUSE FOR DISCIPLINE

2 (Gross Negligence)

3 33. Respondent is subject to disciplinary action under section 2234, subdivision (b), of
4 the Code because he was grossly negligent in his care and treatment of patients. The facts and
5 circumstances alleged above in paragraphs 14 through 32 are incorporated herein as if fully set
6 forth.

7 A. MEDICAL RECORD KEEPING

8 Respondent was grossly negligent when he failed to maintain adequate and accurate
9 medical records as follows: For patients D.S., T.S., D.C., and C.B., he failed to take and
10 document a sufficient history, and failed to formulate and document rational assessments that
11 together support the care rendered to each of these patients.

12 B. OVERPRESCRIBING OF PRESCRIPTION OPIOID MEDICATION

13 Respondent was grossly negligent when he over-prescribed opioid medication. He failed
14 to maintain adequate and accurate medical records when treating a patient with opioids, which are
15 usually used for chronic non-cancer pain. Respondent failed to maintain an adequate medical
16 history, results of physical examination, laboratory tests related to use of medication, or a patient
17 consent and pain management agreement. Respondent failed to record a description of treatments
18 provided, all medications prescribed or administered including the date, type, dose, and quantity.
19 Respondent failed to record instructions to the patient, including the discussion of risks and
20 benefits with the patient and any significant others. Respondent failed to provide ongoing
21 monitoring of patient progress in terms of the patient's pain and functional improvement.

22 1) Respondent was grossly negligent when he prescribed T.S. Norco,
23 Soma, and alprazolam on 22 occasions.

24 2) Respondent was grossly negligent when prescribed D.S. Norco and
25 Soma together in dangerous quantities with no evident clinical rationale and without regard for
26 the potentially lethal interactions between the two agents.

27 3) Respondent was grossly negligent when he prescribed C.B. Norco
28 and Phenergan/Codeine together.

4) Respondent was grossly negligent when he prescribed D.C. Norco, oxycodone, hydromorphone, Soma, alprazolam, Phenergan/Codeine, and amphetamine which interact with each other and /or with alcohol. D.C. was a known drug addict and alcoholic. Respondent provided D.C. with a lethal cocktail of drugs of abuse including multiple opioids, in combination with massive quantities of alprazolam with no regard for warnings regarding the danger of prescribing opioids with benzodiazepines.

C. SELF-PRESCRIBING

Respondent was grossly negligent when he issued himself a prescription for antibiotic or steroid and when he issued seven prescriptions to himself in Dr. K.'s name for controlled medications.

D. UNAUTHORIZED PRESCRIBING

Respondent was grossly negligent in his treatment of Patients D.S., T.S., D.C., C.B., K.C., B.C., J.B., P.B., and M.B., because he exceeded the scope of the practice of a physician assistant working for Dr. K. These patients were not patients of Dr. K. and Respondent had no authorization to prescribe to them.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

34. Respondent is subject to disciplinary action under section 2234, subdivision (c), of the Code in that he was repeatedly negligent in his care and treatment of patients D.S., T.S., D.C., C.B., K.C., B.C., J.B., P.B., and M.B. The facts and circumstances alleged above in paragraphs 14 through 33, are incorporated herein as if fully set forth.

THIRD CAUSE FOR DISCIPLINE

(Excessive Prescribing)

35. Respondent is subject to disciplinary action under Code section 725 in that he engaged in excessive treatment or prescribing in the care and treatment of patients D.S., T.S., D.C., C.B. The facts and circumstances alleged in paragraphs 14 through 33 above are incorporated herein as if fully set forth.

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1 FOURTH CAUSE FOR DISCIPLINE

2 (Dishonesty)

3 36. Respondent is subject to disciplinary action under Code sections 2234(e), in that
4 he engaged in acts of dishonesty in his practice when he prescribed without authorization to
5 patients as set forth in paragraphs 14 through 33 above, which are incorporated here as if fully set
6 forth.

7 FIFTH CAUSE FOR DISCIPLINE

8 (Violation of Drug Statutes)

9 37. Respondent is subject to disciplinary action under Code section 2238 in that he
10 committed unprofessional conduct by violating Health and Safety Code sections regulating
11 dangerous or controlled substances. The facts and circumstances alleged in paragraphs 14
12 through 33 above are incorporated herein as if fully set forth.

13 SIXTH CAUSE FOR DISCIPLINE

14 (Forgery)

15 38. Respondent is subject to disciplinary action under Code section 4324 and Health and
16 Safety Code Section 111368 in that he forged prescriptions. The facts and circumstances alleged
17 in paragraphs 14 through 33 above are incorporated herein as if fully set forth.

18 SEVENTH CAUSE FOR DISCIPLINE

19 (Failure to Maintain Adequate and Accurate Records)

20 39. Respondent is subject to disciplinary action under section 2266 of the Code in that
21 he failed to maintain adequate and accurate records relating to the provision of services to
22 patients. The facts and circumstances alleged in paragraphs 14 through 33 above are
23 incorporated herein as if fully set forth.

24 EIGHTH CAUSE FOR DISCIPLINE

25 (Unprofessional Conduct)

26 40. Respondent is subject to disciplinary action under section 2234 of the Code in that
27 he engaged in unprofessional conduct relating to the provision of services to patients. The facts
28 and circumstances alleged in paragraphs 14 through 33 above are incorporated herein as if fully

1 set forth.

2 PRAYER


3 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
4 and that following the hearing, the Physician Assistant Board issue a decision:

5 1. Revoking or suspending Physician Assistant License Number PA- 21414, issued to
6 Patrick Tye Creasy, P.A.;

7 2. Ordering Patrick Tye Creasy, P.A. to pay the Physician Assistant Board the
8 reasonable costs of the investigation and enforcement of this case, and, if placed on probation, the
9 costs of probation monitoring; and

10 3. Taking such other and further action as deemed necessary and proper.

11
12 DATED: September 28, 2017


13 MAUREEN L. FORSYTH
14 Executive Officer
15 Physician Assistant Board
16 Department of Consumer Affairs
17 State of California
18 Complainant

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